DIOCESE OF ALLENTOWN EMPLOYEE EMERGENCY FORM

Work Location: EMPLOYEE NAME:	
HOME PHONE:	CELL PHONE:
IN CASE OF EMERGENCY, P	LEASE CONTACT:
NAME:	
HOME ADDRESS:	
HOME PHONE:	CELL PHONE:
WORK PHONE:	RELATIONSHIP TO EMPLOYEE:
ALTERNATE EMERGENCY (CONTACT:
NAME:	
HOME PHONE:	CELL PHONE:
WORK PHONE:	RELATIONSHIP
	YEE HEALTH INFORMATION: (Response is optional)

DATE: _____